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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: NAOAKI KOMIYA ET AL.)
SERIAL NUMBER: 09/671,856) Group Art Unit:
FILED: September 27, 2000) 2674
FOR: ACTIVE MATRIX TYPE)
ELECTROLUMINESCENCE)
DISPLAY DEVICE)
Before the Examiner:
Nguyen, Kimnhung T

AMENDMENT

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

In response to the Office Action mailed August 13, 2002, Applicant requests reconsideration in view of the following amendment and remarks for entry in the above-identified application.

YKI-0050
09/671,856

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s): **NAOAKI KOMIYA ET AL.**

Docket No.

YKI-0050

Serial No.

09/671,856

Filing Date

9/27/2000


Examiner

K. NGUYEN

Group Art Unit

2674Invention: **ACTIVE MATRIX TYPE ELECTROLUMINESCENCE DISPLAY DEVICE**

I hereby certify that this

AMENDMENT*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. **1-703-872-9314**)on **NOVEMBER 12, 2002***(Date)***NIDIA M. DERAS***(Typed or Printed Name of Person Signing Certificate)*
(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. YKI-0050
Applicant(s): NAOAKI KOMIYA ET AL			
Serial No. 09/671,856	Filing Date 9/27/2000	Examiner K. NGUYEN	Group Art Unit 2674

Invention: ACTIVE MATRIX TYPE ELECTROLUMINESCENCE DISPLAY DEVICE

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.


Signature

Dated: NOVEMBER 12, 2002

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I certify that this document and fee is being deposited
on _____ with the U.S. Postal Service as
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Assistant Commissioner for Patents, Washington, D.C.
20231.

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